

Case Number:	CM14-0063492		
Date Assigned:	07/11/2014	Date of Injury:	08/25/2000
Decision Date:	04/03/2015	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	05/05/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 51-year-old female who reported an injury on 08/25/2000. A prior request for clonazepam had been non-certified in 04/2014 as it had been noted that the treating physician had been prescribing 2 different benzodiazepines with the California MTUS Guidelines note supporting long term use of benzodiazepines. The injured worker had a history of dental dysfunction which had in combination with her medications, caused xerostomia. Additional complaints were listed as mid back, lower backache and bilateral leg pain. Additionally, she had muscle spasms and rated her pain level as a 4.5/10 to 8/10.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Clonazepam 0.5mg @ 6 QTY: #120 Days #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: According to the California MTUS Guidelines, long term use of benzodiazepines is not supported as long term efficacy has not been proven. Without having any current clinical documentation to establish a more thorough rationale for the injured worker necessitating the use of ongoing benzodiazepines, to include a comprehensive physical examination providing a thorough overview of her current complaints and objective findings, the requested clonazepam cannot be supported. Therefore, the medical necessity has not been established.